



BENEFIT WITHDRAWAL FORM

1. Contributor Details

Name of Contributor:

SSNIT Number: Gender:

Scheme Member ID: Date of Birth:

Ghana Card ID No: Tel Number:

Email Address GPS Address:

2. Withdrawal Details *(tick the box where applicable)*

Choose Scheme One: Best Master Trust Best Provident Fund Best Pension Fund

Employer Sponsored Scheme:

Type of Withdrawal: Full withdrawal Partical Withdrawal GHS_____

a. Retirement @60 b. Resignation

c. Early Retirement b. Termination

Reason for the Withdrawal: d. Total Incapacity d. Permanent Emigration from Ghana

Other:.....

3. Payment Details

Name on Account:

Bank Name:

Account Number:

Branch:

4. Member Decalaration

I certify that the information provided on this form is correct and complete. I further authorize the Trustee of the scheme to process and pay my benefits to the bank account details I have indicated above. I understand that I will be liable to prosecution for any false declarations.

Signature.....

Date.....

For Death Claim kindly provide death certificate and letters of administration where needed.

Name of Beneficiary:

Relationship with deceased Gender:

Ghana Card ID No: Date of Birth:

GPS Address: Tel Number:

Email Address:

4. Claimant Decalaration

I certify that the information provided on this form is correct and complete. I further authorize the Trustee of the scheme to process and pay any benefits assinged to me by the deceased to the bank account details I have indicated above. I understand that I will be liable to prosecution for any false declarations .

Signature..... Date.....

5. EMPLOYER SECTION (for employer's official use only)

Vesting Provision (Provident Fund Withdrawals)

Is the Emloyee vested in the Employer Contributions YES NO

If Yes kindly give reasons:.....
.....

Name of Employer:

Tel. Number:

Email Address:

GPS Address:

.....
Finance Officer Signature Date

.....
Human Resource Officer Signature Date

NB; Please return this form signed by either one of the signatories above.

I in the capacity as
..... certify that the information provided on this form is correct and

OFFICIAL USE ONLY

Verified By Client Service Executive	Signature	Date